ENTRY BLANK						
PLEASE TYPE OR PRINT Entered previous	May Sho					
✓ Yes □ no						
Mr. Artist Repecca PRAMO	n					
(Last Nam						
Permanent 492 Silver Caks Dr. Hs Ke	4					
Street City	n/					
11101111						
44240 Tel. () 678 2055 Zip Area Code						
· ·						
Temporary or Studio Address SAME as aloove						
Street City						
Tel. ()						
Zip Area Code						
If you do not presently live in one of the counties of the						
Western Reserve, which county were you born in?						
Collaborator Gretchen Goss (En	amel					
(If Any)						
If May Show entries are not accepted or not sold: Artist will pick up at Museum.						
Museum should dispose of.						
☐ Museum should ship to artist C.O.D. at this address:						
Special Instructions	£ 1					
When necessary include below instructions or a drawing of how the object is to be assembled and displayed.						
the object to to be assembled and displayed.						
This entry blank must be fully made out and signed. Uns	igned					
entry blanks will not be accepted.						
Note carefully calendar for delivery and return of objects						
understood that the Museum will have the right to disposits own account any objects not called for by the dates li						
It is also understood that accepted objects will remain on						
exhibition until May 13, 1979.						
The submission of objects will be construed as acceptance of all						
conditions printed in the entry information.						
Signature Rebeller Skannen						

ENTRY BLANKS							
☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography ☐ 4. Sculpture ☐ 5. Electric ☒ 6. Crafts							
Materials Enamel - Copper - Beass Plexislas							
Title Ontitled							
Price or NFS	Insurance Value Size if NFS Only			<i>u</i> 1			
GRAPHICS AND PHOTOGRAPHY ONLY							
Additional No. For Sale	Total No. in Edition			Price Unframed	Price of Frame		
ACCEPTED DO NOT WRITE IN THIS SECTION ACCEPTED REJECTED REJECTED							
2							
Materials Enquiel - Stepling							
Title (Intitled pendant							
Price or NFS Insurance Value If NFS Only Size							
GRAPHICS AND PHOTOGRAPHY ONLY							
Additional No. Fo	r Sale Total	No. in Editio		rice Inframed	Price of Frame		
ACCEPTED	DO NOT WE		ACC	EPTED	RECEIVED		
REJECTED			REJE	ECTED	DATE		